

Issue 9
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Items of Interest:

- **TRICARE** is sponsoring the Healthy Choice for Life web site. The site offers one-stop, easy-to-use information about health, wellness, fitness, and disease prevention—particularly how to lose weight, quit smoking, and stop binge drinking. More info at <http://www.tricare.osd.mil/healthychoices/>
- **Naval Hospital Pensacola's** Coumadin Clinic was selected as a 2005 Roche Diagnostics Corp. 'Dream' (Dream of Achieving Excellence in Anticoagulation Management) Award recipient – one of 20 such nation-wide awards Coumadin Clinic has received for recognition of leadership in anticoagulation management.
- **As TRICARE Reserve Select Starts, Senator Lindsey Graham (R-SC) vows an upgrade.** As the new chairman of the Senate armed services' subcommittee on military personnel, described as "excellent" the prospect of opening TRI-CARE Standard, the military's traditional fee-for-service health insurance, to any drilling Reservist and family.

Navy and Marine Corps Medical News

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Corpsmen Race Against Time to Save Lives

By Cpl. Rocco DeFilippis, 2nd. Marine Aircraft Wing

AL TAQADDUM, Iraq —The sound of a ringing bell means one thing to the corpsmen of the II Marine Expeditionary Force (Forward) casualty evacuation team—someone is hurt and they have to provide help.

These highly trained "Devil Docs" stand ready with the Marines of Marine Medium Helicopter Squadron 364 to respond to calls from anywhere throughout the Al Anbar province.

Serving as the only dedicated evacuation team in the area of operations, the corpsmen and aircrew fly into the face of danger every day to bring wounded Marines,

soldiers and civilians from the battle field to safety.

"Causalities are a part of war," said Chief Hospital Corpsman, Leonard F. Miller, CASEVAC chief.

"However, our corpsmen are extremely well trained and working each day to minimize the extents of those injuries. They are saving lives."

The CASEVAC team works around the clock in 12-hour shifts, with two-man teams assigned to different aircrafts. When the call is sounded, the corpsmen run to the birds and take to the air with time as their biggest enemy.

"We train with the principle of
(Continued on page 3)



AL TAQADDUM, Iraq— A wounded Marine is carried on to a CH-46E from Marine Medium Helicopter Squadron 364. The HMM-364 'Purple Foxes' are currently flying casualty evacuation missions in support of the II Marine Expeditionary Force (Forward) CASEVAC team. The team responds to calls from anywhere throughout the Al Anbar province, flying into the face of danger to extract wounded Marines, soldiers and civilians. *Photo by Cpl. Rocco DeFilippis.*

LCDR G. Merrill Rice Wins Captain Gregory Gray Award

By Christine A. Mahoney,
BUMED Public Affairs Office

Pensacola, Fla. — Lt. Cmdr. G. Merrill Rice, stationed at Naval Aerospace Medical Research Laboratory (NAMRL), Pensacola, FL, received the Capt. Gregory Gray Award for Military Operational Research at the 44th Navy Occupational Health and Preventive Medicine Workshop. The seminar was held February 12 – 16, 2005, in Virginia Beach, Va.

"The Capt. Gregory Gray Award is an annual award presented to the top Navy operational medical researcher. Researchers must submit an abstract of their work for review and receive approval before presenting the abstract at the workshop," said Rice.

The abstracts and presentations for the Gray award were judged by a panel of three scientists. "The scientists are part of the Navy Medicine operations and research community and are quite distinguished. They based their assessments and judgments of each presentation on scientific and operational merit, research quality, and

the overall oral presentation," he said.

Rice also received first place in the Seventh Operational Research Poster Competition for presentation of his current work using the Reduced Breathing Device (ROBD). The device is used to see how changes in altitude affect a person's flight performance and cognitive behavior.

"By simulating altitudes with the ROBD, we are investigating how these extreme environments affect our soldier's performance. For example, what decrements may we expect a Navy pilot flying an aircraft at a high altitude to have or a Navy corpsmen hiking up a mountain in Afghanistan trying to get to wounded Marines," Rice said. "With this data we hope to develop methods to reduce the effects of altitude on our troops."

Capt. Gregory Gray, one of the Navy's most renowned medical researchers, chartered the Operational Research awards eight years ago to increase the awareness of biomedical research in the operational environment and to encour-



Virginia Beach, Va. — Lt. Cmdr. G. Merrill Rice received a first place ribbon for a poster presentation representing his current work with the Reduced Breathing Device (ROBD). Rice received this award shortly after he was presented with the Capt. Gregory Gray Award.
Photo by Naval Hospital Pensacola

age junior researchers.

Gray was the first director of the DoD Center for Deployment Health Research at the Naval Health Research Center. He is best known for establishing the Navy Respiratory Disease Laboratory, and for addressing the difficult issue in military epidemiology, Gulf War Illness.

DoD Health Plan for Eligible National Guard and Reserve Members Announced

The Department of Defense announced a new premium-based health care plan available to eligible National Guard and Reserve members activated for contingency operations on or after Sept. 11, 2001.

According to Dr. William Winkenwerder Jr., assistance secretary of defense for health affairs, "This benefit compares most favorably with any health plan option available to our Reserve components." He continued, "We hope individuals will consider carefully the value of this benefit for themselves and their families as well as the commitment to our nation's defense."

Tricare Reserve Select (TRS) is authorized under the National Defense Authorization Act for fiscal

2005 and, when purchased by a TRS eligible member, provides comprehensive health care coverage similar to Tricare Standard and Extra for the member and eligible family members.

A National Guard or Reserve member's personnel office will determine eligibility for TRS based on active service on or after Sept. 11, 2001. The service period must be for 90 consecutive days or more in support of a contingency operation and, prior to leaving active duty, the member must enter into an agreement with the Reserve component to serve in the selected Reserve for at least one additional year. For those members who already left active duty, they must enter into an additional service

agreement no later than Oct. 28, 2005.

Members are eligible for one whole year of TRS coverage for each whole year of service commitment in the service agreement, up to a maximum of one whole year of coverage for each 90 days of continuous active duty served in support of a contingency operations.

For example a member who served a 360-day qualifying active duty period in the selected Reserve is eligible for four years of TRS coverage provided the member agrees to serve at least another four years in the select Reserve.

Updated information on the TRS program will be posted on the Tricare Web site <http://www.tricare.osd/mil/trs.cfm>.

Bethesda Pipes Pentagon Channel Through Patients' Rooms, Clinics

By Ellen Maurer, National Naval Medical Center Public Affairs

BETHESDA, Md. - The Defense Department's new television network, the Pentagon Channel, is now available in patient wards and clinics at the National Naval Medical Center (NNMC) via the hospital's closed circuit TV.

Pentagon Channel's successful installation is part of a project to bring news and information to the bedside of patients, including wounded Marines and Sailors returning from Operation Iraqi Freedom.

The joint venture involves the American Forces Information Service and the Naval Medical Education and Training Command.

"The Pentagon Channel is the top source for news dissemination to those serving in uniform around the globe," said Rear Adm. Adam Robinson, NNMC commander. "It is only fitting that those who return wounded from the battlefield retain the same access to this information. The Pentagon Channel keeps us all connected with the mission and motivation to serve."

The channel's programming includes shows like "Around The Ser-

vices," a daily half-hour program featuring military news from top Defense officials and military services around the world. One minute news updates air at the top of each hour.

There is also a daily news program called "Freedom Journal Iraq" focusing on military missions, operations and US military forces in Iraq.



Corpsmen Save Lives

(Continued from page 1)

the 'golden hour,' the time when most patients will die without stabilization," said Hospital Corpsman 3rd Class Jeremy Moore, CASEVAC corpsman. "We are always racing the clock, because we lose 15 to 30 minutes on the way to the point of injury. So when we get on the ground, we work as fast as we can to fight shock and fluid loss to stabilize the patient."

One of the keys to their success lives in the strong bond the corps-

men develop with their partners.

"When you are with the same person every day, you learn how to work with them," Moore said. "You start thinking the same, and before long there are no gaps in your action because you can anticipate your partner's next move."

The corpsmen of the II MEF (Fwd) CASEVAC team began their preparation for their important mission long before stepping foot in country. Attending the CASEVAC operational emergency medical skills and Army flight medic schools, the Devil Docs are highly skilled and proficient.

"This is the best prepared CASEVAC team that has come out here," Miller said. "They hit the ground running and started doing their job with very little turnover. Training is continuous, even out here, so they are always on top of their game. They are the best corpsmen I've ever had."

Humble in light of the impor-

tance and magnitude of their mission, the team is full of men and women who just want to do their part.

"You get a great sense of pride knowing that you helped to save someone's life," said Hospital Corpsman 3rd Class Travis J. Hess. "Ever since I went into field medicine, I've wanted to be doing this."

"This is the primary function of a corpsman, risking your life to save another's," Moore said.

Since their arrival two months ago, the team has answered more than 40 calls for help. The corpsmen don't discriminate, they fly in to treat Marines, soldiers, civilians and even enemy prisoners of war.

"You don't think about the fact that you are treating a guy who was shooting at you a few moments earlier," Hess said. "You treat everyone the same, provide the same care regardless of their status or service."

None of the corpsmen want to see Marines and soldiers get hurt, but according to Miller, they know the importance of doing their jobs to the best of their ability.

"The CASEVAC mission gives unit commanders the confidence to carry out their mission," he said. "In the back of their minds they know their Marines are going to be taken care of immediately with a dedicated CADEVAC team."



AL TAQADDUM, Iraq—Hospital Corpsman 3rd Class Travis J. Hess, casualty evacuation corpsman, administers forced infusion while treating an injured enemy prisoner of war. Hess is a member of the II Marine Expeditionary Force (Forward) casualty evacuation team. He and his fellow corpsmen are responsible for flying into hazardous areas to extract wounded Marines, soldiers and civilians. *Photo by Cpl. Rocco DeFilippis.*

MERCY Sails to Assist Nias Island Earthquake Victims

From Military Sealift Command
Public Affairs

ABOARD USNS MERCY, At Sea -- The U.S. Navy's Military Sealift Command (MSC) hospital ship USNS Mercy (T-AH 19) and MSC combat stores ship USNS Niagara Falls (T-ASF 3) were ordered to get underway from East Timor to Nias Island, Indonesia, March 30, to provide disaster relief and humanitarian assistance following the 8.7 magnitude earthquake off the west coast of northern Sumatra March 28.

An additional 175 U.S. Navy medical and support personnel along with 40 non-governmental organization (NGO) personnel have been requested to augment the ship's current combined crew of 337 Navy and NGO personnel and 65 MSC civil service mariners.

MSC combat stores ship USNS San Jose (T-ASF 7), en route to Guam after supporting humanitarian assistance operations in the region since Jan. 6, has also been directed to Nias Island. Four MH-60S Knighthawk helicopters from

Helicopter Combat Support Squadron (HC) 5 detachments embarked aboard Niagara Falls and San Jose will be used to transport relief supplies and patients in need of medical care to and from Mercy.

MSC oiler USNS Tippecanoe (T-AO 199) will also be on hand to provide supply replenishment support to MSC ships in the area.

Mercy and Niagara Falls were in East Timor as part of a humanitarian aid mission being conducted as the hospital ship was en route back to her San Diego home when both ships were ordered to move toward Nias. During Mercy's two-day visit to East Timor, the ship's medical staff saw more than 1,800 patients. At a prior four-day stop in Alor, Indonesia, Mercy's medical team saw more than 6,200 patients.

Mercy sailed from San Diego on Jan. 5 in response to the Dec. 26 tsunami that struck Southeast Asia.

Operating off the coast of Banda Aceh from Feb. 6 to March 16, Mercy's medical staff treated more than 9,500 patients ashore and afloat, performing 19,512 medical procedures, including more than

285 surgical and operating room cases.

"We are returning to Sumatra to help our friends and neighbors in the Pacific in any way that we can," said Capt. Mark Llewellyn, commanding officer of Mercy's Medical Treatment Facility.

"From our first time in Sumatra doing tsunami relief, we feel connected to the wonderful people of Indonesia. We learned many things from our first trip here. One is that earthquakes and tsunamis can damage buildings and injure the body, but cannot destroy the spirit of a community."

Mercy is one of two Navy hospital ships. Mercy, Niagara Falls, San Jose and Tippecanoe are operated by government civilian mariners, who work for MSC.

MSC operates more than 120 noncombatant, civilian-crewed ships that replenish Navy ships, chart ocean bottoms, conduct undersea surveillance, strategically preposition combat cargo at sea around the world, and move military equipment and supplies used by deployed U.S. forces.



Nias, Indonesia -- An air crewman aboard an U.S. Navy MH-60S Seahawk helicopter, assigned to Helicopter Combat Support Squadron Five (HC-5), embarked about the Military Sealift Command (MSC) combat stores ship USNS Niagara Falls (T-AFS 3), makes final preparations for take-off as Chief Hospital Corpsman Patrick Nardulli, rear, monitors his patients. The U.S. Navy helicopter crew, accompanied by medical personnel assigned to the MSC hospital ship USNS Mercy (T-AH 19), evacuated the two survivors of the April 2, 2005 crash of a Royal Australian Navy Sea King helicopter. At the request of the Indonesian government, the ships are stationed off the coast of Nias, providing assistance with earthquake disaster relief efforts and provide medical assistance to those in need. *U.S. Navy photo by Journalist 1st Class Joshua Smith*

Naval Hospital Pensacola Opens New Maternity Suites

By Rod Duren, Naval Hospital
Pensacola Public Affairs

PENSACOLA, Fla. -- Jennie Allison, expecting her first baby later this month, joined Naval Hospital Pensacola Executive Officer, Capt. Peter O'Connor, to officially dedicate the military medical facility's four newest maternity suites April 1.

"Naval Hospital Pensacola has really set the standard," she said. "My whole experience in this (new mother's) program has been very nice ... and patient-centered."

The four new Labor, Delivery, Recovery and Post-partum (LDRP) suites brings to 10 the total number of rooms for expectant mothers.

"Our folks have put a lot of time and energy into getting these new suites ready," said O'Connor. "It's been a long time coming."

"Before, we had to inconvenience some of our patients by moving them from the labor deck to other floors," O'Connor continued. "And, it just broke the hearts of our staff to do it. We won't have to do that any more."

The new LDRPs were designed by the same firm who designed and built the original six suites back in March 2002, allowing the hospital to provide input into how the suites could be enhanced. Some of the newer improvements include hide-away baby warmers; built-in shelving and additional counter space in

the bathrooms and kitchen areas; recessed lighting over the patient bed; wall that separates room from kitchen area; and headboard control panels.

Surveys of the hospital's 'Military Moms' indicate the Naval Hospital is providing a positive experience and more than 80 percent surveyed say they'd come back to the military medical facility to have another baby. That is already higher than Department of Defense-wide surveys indicate only about 50 percent would come back to other defense medical facilities.

The hospital's Family-Centered Care programs are in every facet of the childbirth process, from pre-conception to postpartum care. Family concerns are paramount, as Navy health care providers are designing

birth plans meet the needs of their patients. Mothers, fathers, siblings, and other family members become active participants every step of the way.

Under 'Family-Centered Care,' parents will be assisted in educating themselves about their new baby's care. Most families will have a private room throughout labor, with newborns staying in the room with family after delivery.

"With more than 600 babies delivered here annually, this will be welcome news for families and caregivers alike," said Cmdr. Kathleen Michel, head of the Women and Children Department.

She added "Our goal is to have our entire military family deliver their babies here, even if they have to drive past another hospital."



Yokosuka, Japan- U.S. Navy Security personnel and firemen attached to Commander Naval Forces Japan regional fire department simulated a mass casualty drill held on board Commander Fleet Activities Yokosuka, Japan. The U.S. Naval Hospital, Yokosuka, Japan conducted a simulated earthquake mass casualty drill to test the operational readiness of the hospital and emergency rescue teams.

U.S. Navy photo by Photographer's Mate Airman Joshua LeGrand



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Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3218, fax 202-762-1705 or camahoney@us.med.navy.mil.